

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St. Anne's Residential Services - Group L
Centre ID:	OSV-0005159
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Simon Balfe
Lead inspector:	Kieran Murphy
Support inspector(s):	Julie Hennessy
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 August 2016 09:30 To: 16 August 2016 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this centre by the Health Information and Quality Authority (HIQA). The first inspection took place on 16 June 2015 and the second on 19 October 2015. The purpose of this inspection was to follow-up on the high level of non-compliance identified at the previous inspection, where seven of 18 outcomes were at the level of major non-compliance with a further four at the level of moderate non-compliance.

Description of the service:

The centre comprised two houses located five minutes apart near the town centre. The centre could provide care and support to nine residents with five living in one house and four living in the second house. All of the residents in the first house attended a day service locally. Some of these residents had limited mobility and required supports to engage in activities of daily living. Three of the residents living in the second house were of an age that they were "actively retired". These residents

enjoyed leisurely spins and activities like taking lunch and tea in local restaurants.

How we gathered our evidence:

Inspectors met with the eight residents who currently lived in this centre. Inspectors also met the person in charge of the centre, staff and the residential services manager. The director of nursing also attended the feedback session at the close of the inspection. Inspectors observed staff practices and interactions with residents and reviewed residents' personal plans, training records, meeting minutes and the complaints log.

Overall judgment of our findings:

At the last inspection there had been 29 actions arising. There had been improvement evident on this inspection, particularly in relation to residents being afforded access to the multidisciplinary team as part of a review of care. This included review of residents' training, development needs and goals. In addition, improvement was noted to the premises by the addition of a new "wet room" and new en suite shower facilities.

Since the previous inspection the service had completed two investigations into the management of residents' finances. The first was an investigation by the director of finance and the human resources officer into the operation and control of the finance of residents in this designated centre. The second investigation was a review of the management of service users' funds by an external financial auditor. All recommendations from these two reports had been implemented by the service.

In relation to safeguarding of residents, prior to the last inspection a concern had been made relating to alleged emotional and psychological abuse in the centre. This complaint had been reported to HIQA. Since then a final report had been completed by the service and recommendations had been implemented.

Of the 13 outcomes inspected five were at the level of major non-compliance:

- Outcome 5: Social Care Needs. The centre did not meet the assessed needs of all residents as there was an unsuitable age mix of residents, this was also found on the previous two inspections
- Outcome 7: Health & Safety and Risk Management. Despite the provision of an additional staff member at night, the absence of fire doors meant adequate measures were not provided to protect the means of escape and to prevent the spread of fire and smoke throughout the building
- Outcome 8: Safeguarding and Safety. Incidents of behaviours that challenge were having a negative impact on older residents in the centre who required a quieter environment. In addition, there was no evidence available to show that a disclosure of suspected abuse had been reported to the designated officer, or appropriately investigated, as required under the service policy.
- Outcome 9: Notifications. Not all notifications of serious adverse incidents, including allegations of abuse, were reported to the Chief Inspector within three working days of the incident.
- Outcome 14: Governance. The person in charge had responsibility for four centres in total across a broad geographical area. Inspectors were not satisfied with that these governance arrangements ensured that the effective governance and

management across all four centres.

There were repeat findings from the previous inspection of non-compliance in relation to social care needs and safeguarding of residents. Other repeated areas of non-compliance included care planning, the statement of purpose, fire safety, advocacy, medication management and risk assessment.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, inspectors found that most of the failings identified on the previous inspection in relation to residents' rights, dignity and consultation had been addressed. Some improvement was required in relation to accessing advocacy services

Since the previous inspection the service had completed two investigations into the management of residents' finances. The first was an investigation by the director of finance and the human resources officer into the operation and control of the finance of residents in this designated centre. Eleven recommendations had been made in this report including reimbursing one resident who had paid for furniture and television. The service had also refunded other charges levied on residents including parking fees, taxis, tolls and medical costs. The residential services manager confirmed to inspectors that the policy now stated that any purchases by residents that may be deemed potentially inappropriate in relation to the safeguarding of resident finances were referred to the service manager. There was also a new policy on "patients' private property accounts" and all staff had received updated training on this policy.

The second investigation was a review of the management of service users' funds by an external financial auditor. This review that included all service user financial accounts across all of St Anne's residential services was completed in April 2016. The recommendations from this review included the requirement for monthly preparation and review of bank reconciliations to be incorporated into the service policy, capacity assessments to determine if resident funds should be managed independently, a system of monitoring receipts for purchases. All of these recommendations had been

implemented by the service.

At the previous inspection, arrangements in place for residents who were wards of court were not satisfactory, as some information on file was potentially misleading. At this inspection, there was documentation available in the centre in relation to wardship and what the wardship extended to.

In relation to advocacy on behalf of residents, as was found on the last inspection, while an advocacy committee was in place, it was not clearly demonstrated how residents in this centre would be represented.

Since the last inspection all personal information was maintained in a confidential manner.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The process for the admission of new residents to the centre was transparent.

On the last inspection it was identified that a resident had been recently admitted to the centre without evidence of consultation with other service users or consideration given to the impact on their lives of a new resident being admitted to the centre.

On this inspection resident meetings in February, March and April 2016 referenced that a resident from another centre had stayed overnight in the centre. Staff, when asked, confirmed that this person had stayed in the centre. However, staff were not clear as to whether this resident was being transitioned between the two residential services. In addition, the only documentation available in relation to the proposed transition of this resident was their personal emergency evacuation plan.

However, following the inspection the service provider submitted a comprehensive transition plan for this potential new admission.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As on the previous inspections the designated centre did not meet the assessed needs of all residents. Inspectors found that failings identified on previous inspections relating to the development and review of residents' personal plans and input from members of the multidisciplinary team had been addressed.

As on the previous two inspections it was again found that the designated centre did not meet the assessed needs of all residents as there was an unsuitable age mix of residents in the centre. In particular, the centre failed to meet one individual resident's emotional, social or developmental needs in an acceptable and age-appropriate way.

Since the last inspection HIQA had sought assurances from the service provider in relation to the inappropriate placement. The service acknowledged that this resident was inappropriately placed but that the service "had no available location which would suit the individual's needs". Minutes of the most recent case review meetings in relation to this resident's placement were made available to inspectors. These meetings involved members of the multidisciplinary team including senior management of the service, day service managers, a representative of the national advocacy service, family members and representatives of the service funder the Health Service Executive (HSE).

However, following these meetings, the most recent of which was in June 2016, there was no definitive plan place to resolve this inappropriate placement.

At the previous inspection, it was found that the review of personal plans were not multidisciplinary. Since the previous inspection, multidisciplinary reviews had been held that informed residents' personal plans. For example, one resident had attended a meeting relating to their needs which was also attended by the relevant healthcare professionals including social worker, occupational therapist, the person in charge and

the area manager of the service.

Judgment:
Non Compliant - Major

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The location design and layout of the centre was suitable for its stated purpose.

On the previous two inspections, it was found that residents' personal living space was not protected as one resident used the en-suite shower in another resident's bedroom. There was now a large "wet room" available which had accessible showering and toilet facilities. New upgraded en suite facilities had also been provided.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As was found on the previous inspection improvement was required in relation to fire safety arrangements and in the process for risk assessment.

At the last inspection in October 2015 an issue was identified in one of the houses where the attic had been converted and contained two bedrooms, a staff office and a bathroom. The exit from these attic rooms upstairs led directly into the kitchen. This arrangement could not guarantee exit from the building in the event of a fire as the only exit from the rooms upstairs was through the kitchen. The staircase was narrow and steep and there was no other exit from the attic area.

This fire safety issue was not just confined to the means of escape from the staff bedroom but also had implications on staff being in a position to assist residents to evacuate.

Following the last inspection the action plan response from the service at that time was that the fire safety arrangements with particular focus on means of escape from one house in the centre would be reviewed by the Director of Logistics who was also a qualified fire engineer by December 2015 and measures taken to address the issues identified. When HIQA sought an update from the service in June 2016 in relation to the fire safety works, the service had outlined that the completion date for the works was September 2016. From 1 August 2016 the service had put interim arrangements in place with a staff member on duty at all times when residents were in the house, including a staff on duty at night, until the fire safety works were completed.

However, on this inspection the fire register recorded that the doors in this house were not fire doors. In the context of the findings in relation to the attic room, and in spite of the provision of an additional staff member at night, the absence of fire doors meant adequate measures were not provided to protect the means of escape and to prevent the spread of fire and smoke throughout the building. As a result of this, residents were at serious risk should a fire occur in the building.

In relation to fire safety, the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. Records indicated that all staff had been trained in fire safety management. There were records of monthly fire evacuation drills involving the residents from January 2016 to August 2016.

The process for risk assessment required improvement. There was inconsistent information available in relation to one resident's mobility status. Inspectors observed this resident using a walking aid, under the supervision of staff while coming into the house from the car. A falls risk assessment had been completed for the resident.

However, not all questions on this assessment had been answered and there was no falls care plan in place following the assessment. In addition, there was no moving and handling risk assessment on file for the same resident. Similar findings had been identified on the last inspection.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As was found on the previous inspection, as a result of the inappropriate mix of residents in the centre it was not demonstrated that residents were being adequately protected from injury and harm by their peers. In addition, on this inspection there was also evidence that disclosures in relation to allegations of abuse were not being recorded or followed up appropriately.

Residents who required support to manage their behaviour had care support plans in place. These plans were reviewed and updated as required by persons with specialist training and experience. In addition, the recording and monitoring of information required relating to incidents of concern were being maintained. This included individual recording of any incidents on charts recording the antecedent to the behaviour, the behaviour itself and the consequences of the behaviour (ABC charts). There had been 27 recorded incidents since February 2016 including 15 since May 2016. The incidents involved verbal aggression including shouting at other service users.

There was evidence that these incidents were having a negative impact on older residents in the centre who required a quieter environment. Two of the residents had referred their concerns to an independent advocate who advised that these concerns were safeguarding issues to be managed by the service. Both of these residents now had safeguarding plans in place with input from the designated officer. One resident's risk assessment in relation to "safety in their own home" outlined the need for "more activities away from the house to minimise exposure to tension in the house". This was in the context of a house where the residents were mainly "actively retired".

In addition, since the previous inspection the negative impact of the behaviours was also reflected in one resident being seen by their general practitioner (GP) and their consultant psychiatrist in relation to "stress" in their living arrangements.

In relation to safeguarding of residents prior to the last inspection a concern had been made relating to alleged emotional and psychological abuse in the centre. This complaint had been reported to HIQA. Since then a final report had been completed by the service and recommendations had been implemented. Inspectors were satisfied that

the issues raised had been investigated by the service in accordance with their policy.

However, while reviewing one resident's personal care plan inspectors saw a disclosure from a resident in relation to an allegation of abuse. There was no evidence available to show if this disclosure had been reported to the designated officer, or appropriately investigated, as required under the service policy.

The complaints log was reviewed by inspectors. In some instances safeguarding issues were being recorded in the complaints log, rather than being reviewed as part of the processes in place to safeguard residents.

At the previous inspection, not all staff who worked in the centre had received appropriate training to support residents when they engaged in behaviour that challenges. On this inspection records indicated that all staff had received the appropriate training.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

It was a requirement that all serious adverse incidents, including allegations of abuse, were reported to the Chief Inspector within three working days of the incident. However, this requirement was not being complied with.

While reviewing incident report forms an allegation of abuse of a resident was noted by inspectors. This allegation had been followed up appropriately by the service. However, it had not been reported to the Chief Inspector as required. As outlined in more detail in outcome 8: safeguarding, inspectors saw a disclosure in relation to an allegation of abuse in one resident's file. This allegation had not been followed up appropriately by the service and had not been reported to the Chief Inspector.

The service was requested to submit retrospective notifications to the Chief Inspector for these two incidents.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Improvement was found since the last inspection as there was now an assessment of each resident's training, development needs and goals.

Since the last inspection the policy on access to education, training and development had been updated to ensure that it addressed relevant regulatory requirements.

A number of case review meetings had taken place in relation to the suitability of day service and activities provided to residents. These review meetings were multidisciplinary and included residents and their families. All available options had been explored and discussed at these meetings.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

As on the previous inspection the care planning process required improvement.

On the previous inspection it was not always clear if recommendations from members of the multidisciplinary team were being implemented. On this inspection each resident had

assessments of care in place in relation to health and social actions. These assessments informed care plans.

For example, one resident's care plans included:

- communication needs
- nutrition
- intimate care
- continence
- activities
- mobility safety
- medicines
- health checks.

There was evidence that residents were referred for review as required by allied health professionals including physiotherapy and occupational therapy. However, the care plans were not always updated to include these reviews and in particular whether these reviews had taken place and what the recommendations were.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Some improvement was required to ensure that each resident was protected by the centre's policies and procedures for medication management.

As on the previous inspection while there was a dedicated fridge for medication and daily recordings of the fridge temperature were documented corrective action was not taken when recordings exceeded the recommended upper temperature range. This meant that the service could not ensure that medicines were being stored in accordance with the manufacturer's instructions.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As was found on the previous inspection the statement of purpose, which was a document that described the service provided in the centre, did not have sufficient information in relation to:

- the specific care and support needs the centre was intended to meet;
- criteria used for admission to the designated centre, including the policy and procedures (if any) for emergency admissions.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As on the previous inspection, the effectiveness of the governance and management arrangements in this centre was not demonstrated.

The person in charge was a registered nurse in intellectual disability. She was appointed as person in charge for four centres in total across a broad geographical area.

Inspectors were not satisfied with the workload of the person in charge in circumstances

where there were complex needs of residents across all four centres. There had been improvement evident on this inspection, particularly in relation to residents being afforded access to the multidisciplinary team as part of a review of care. In addition, improvement was noted by the addition of a new "wet room" and new en suite shower facilities for one resident.

However, there were repeat findings of non-compliance in relation to social care needs and safeguarding of residents. Other repeated areas of non-compliance included the statement of purpose, fire safety, medication management and risk assessment.

The annual review of the quality and safety of care in the centre for 2015 was found to be comprehensive and informative. The centre had engaged in consultation with residents and their families on the quality of care provided and this had informed the annual review.

The service provider had also completed a comprehensive audit on 15 February 2016 as part of the requirement to complete an unannounced visit to the centre at least once every six months. A second unannounced visit for 2016 had yet to be scheduled in relation to the safety and quality of care and support provided in the centre.

Since the last inspection the service had submitted a declaration from a suitably qualified person that the all statutory requirements relating to the Planning and Development Acts had been complied with.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs.

Since the last inspection there were records available to show that all agency and relief staff who worked in the centre had appropriate training in place.

Staff did confirm that there had been a high turnover of staff with six staff members leaving the centre since January 2016.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Anne's Residential Services - Group L
Centre ID:	OSV-0005159
Date of Inspection:	16 August 2016
Date of response:	02 November 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

In relation to advocacy on behalf of residents, as was found on the last inspection, while an advocacy committee was in place, it was not clearly demonstrated how residents in this centre would be represented.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

Please state the actions you have taken or are planning to take:

The Person in Charge and the Home Manager will ensure that each individual Service User's rights and concerns are discussed and identified with the Service user on a weekly basis and this information will be forwarded to the Advocacy committee and the Safeguarding team. Where it is identified that a service user requires the support of an independent advocate the same will be sourced. If there are any Safeguarding recommendations the PIC will review to assess the effectiveness of the Safeguarding plan.

Proposed Timescale: 02/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The centre failed to meet one individual resident's emotional, social or developmental needs in an acceptable and age-appropriate way.

2. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:

One service user has been identified as inappropriately placed in one of the houses. The service user has regular contact with her independent advocate. The organisation has been in contact with the HSE to find an alternative placement for the service user. The Service user has ongoing counselling sessions and input with Psychology both internal and external to the service, the most recent 02/11/2016. Staff are working with the Service user to support and develop the skills required for supported / independent living.

Proposed Timescale: 28/02/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management system was not robust. It was not demonstrated that risk assessments were being developed by suitably competent persons or that input from

other suitably competent persons was obtained where necessary. Also, where residents had mobility needs, adequate measures had not been put in place.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The PIC has referred the identified Service user to the Occupational Therapist for an assessment of their mobility status, to include a Moving and Handling risk assessment. An up to date Falls Care Plan has been completed in conjunction with the falls assessment. This information will be shared with the team and reflected in the relevant section of the Care plan for implementation in a timely manner.

Proposed Timescale: 30/11/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

In the context of the findings in relation to the attic room, and in spite of the provision of an additional staff member at night, the absence of fire doors meant adequate measures were not provided to protect the means of escape and to prevent the spread of fire and smoke throughout the building. As a result of this, residents were at serious risk should a fire occur in the building.

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

The required Fire and Safety works to be carried out in the identified house will commence on 05/11/2016 and be completed on 19/11/2016

Proposed Timescale: 20/11/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was evidence that incidents of challenging behaviour were having a negative impact on older residents in the centre who required a quieter environment.

5. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

The Service Users in this centre currently have individual Safeguarding plans in place. The Person in Charge and the Home Manager will review the complaints log and the Care Plans and where evidence of complaints or disclosure are identified, the information will be forwarded to Safeguarding team for the next planned meeting.

Proposed Timescale: 02/11/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was a disclosure from a resident in relation to an allegation of abuse. There was no evidence available to show if this disclosure had been reported to the designated officer, or appropriately investigated, as required under the service policy.

6. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:

The disclosure from the resident in relation to an allegation of abuse referred to an incident in 2009. An investigation was carried out and allegations were found to be unsubstantiated. The disclosure from the resident confirmed the findings from the investigation in 2009.

Proposed Timescale: 26/08/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Two separate incidents regarding disclosures of allegations of abuse that were not notified to the Chief Inspector.

7. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:

The Person in charge will complete and submit notifications in relation to one of the incidents. The other incident was investigated back in 2009. The Person in Charge and the Home Manager will ensure that incidents are robustly audited and where allegations or disclosures are evident, the Person in Charge will ensure immediate action and prompt notification.

Proposed Timescale: 27/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Care plans were not always updated to include reviews from healthcare professionals and also whether these reviews had taken place and what the recommendations were.

8. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

The Person in Charge, the Home Manager and the Keyworker will review all Care Plans and ensure that these plans are updated and reflective of all recommendations from healthcare professionals.

Proposed Timescale: 30/11/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While there there was a dedicated fridge for medication and daily recordings of the fridge temperature were documented corrective action was not taken when recordings exceeded the recommended upper temperature range. This meant that the service could not ensure that medicines were being stored in accordance with the manufacturer's instructions.

9. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:

On the 30/08/2016, the Home manager included the medication fridge guideline as an agenda item for the house meeting and re-iterated the importance of taking corrective actions if the daily readings fall outside the recommended normal range. The house manager will audit the temperature range and act accordingly if not at recommended levels. If necessary the Maintenance manager will be notified and the fridge will be either repaired or replaced.

Proposed Timescale: 30/08/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As was found on the previous inspection the statement of purpose, which was a document that described the service provided in the centre, did not have sufficient information in relation to:

- the specific care and support needs the centre was intended to meet;
- criteria used for admission to the designated centre, including the policy and procedures (if any) for emergency admissions

10. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The Statement of Purpose has been updated.

Proposed Timescale: 01/11/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors were not satisfied given the needs of residents and the level of non-compliance identified in this centre that there was effective governance, operational management and administration of this designated centres.

11. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she

can ensure the effective governance, operational management and administration of the designated centres concerned.

Please state the actions you have taken or are planning to take:

The number of areas of responsibility of the Person in Charge has now been reduced from four to two centres as of the 26/11/2016. The house manager and PIC have direct supports from the CNM3. The PIC attends weekly governance meetings with input and support from the Registered Provider.

Proposed Timescale: 26/11/2016